

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number: 10/663,372

Confirmation Number: 1628

Filing Date: September 15, 2003

First Named Inventor: Joerg BERINGER et al.

Group Art Unit: 3629

Examiner: Gabrielle A. McCormick

Attorney Docket Number: 09282.0008-00

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 C.F.R. § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. Submission required under 37 C.F.R. § 1.114: **Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise.** If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment.

- a. ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
- i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.
- ii. ☐ Other _____
- b. ☐ **DO NOT ENTER** the amendment(s) previously filed on _____. An alternate submission is attached.
- c. ☒ Enclosed submission:
- i. ☒ Amendment/Reply
- iii. ☐ Information Disclosure Statement
- ii. ☐ Affidavit(s)/Declaration(s)
- iv. ☐ Other _____

2. Miscellaneous

- a. ☐ Suspension of action on the above-mentioned application is requested under 37 C.F.R. § 1.103(c) for a period of one-month. (Period of suspension shall not exceed 3 months; fee under 37 C.F.R. § 1.17(i) required.)
- b. ☐ Other _____

3. Fees

- a. ☒ The filing fee is calculated as follows:
- i. ☒ \$810.00 RCE fee required under 37 C.F.R. § 1.17(e)
- ii. ☐ Petition for extension of time for (___ Month) \$0.00
- iii. ☐ Other _____
- b. ☒ Check in the amount of **\$810.00** enclosed.
- c. ☒ The Commissioner is authorized to charge any deficiencies in the filing fees, or credit any overpayments to Deposit Account 06-0916.

Signature of Applicant, Attorney, or Agent Required

Name: Philip J. Hoffmann

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Reg. No.: 46,340

Finnegan, Henderson, Farabow, Garrett & Dunner, L.L.P.

Signature: *Philip J. Hoffmann*

Date: December 22, 2009

Certificate of Mailing or Transmission

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